## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/599088 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER I"AMENDMENT AS FILED AFTER 2 <sup>™</sup> AMENDMENT I" AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND TOTAL DEF TOTAL DEP TOTAL TOTAL CLAIMS CLAIMS